

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VALOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00625566		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee 512 New Media Group LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2016		
Mailing Address 800 Town and Country Blvd Ste 410			Amount 88.32		
City State Zip Code Houston TX 77024		Transaction ID : SE.4234 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2016			
Purpose of Expenditure Ad Production		Category/ Type			
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			88.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee 512 New Media Group LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2016		
Mailing Address 800 Town and Country Blvd Ste 410			Amount 125.00		
City State Zip Code Houston TX 77024		Transaction ID : SE.4235 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016			
Purpose of Expenditure Ad Production		Category/ Type			
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			213.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			213.32		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KORAH, ELSY, , ,</u>			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) VALOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00625566	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Crossroads Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016	
Mailing Address 66 Canal Center Plaza Ste 500		Amount 40960.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4236
Purpose of Expenditure Radio Ad Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40960.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	41173.32

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KORAH, ELSY, , ,

[Electronically Filed]

Date

MM	DD	YYYY
10	25	2016

Signature